

EMPLOYMENT OPPORTUNITY

20 East Sixth Street • Tempe, Arizona 85281 • 480/350-8276 • TDD 480/350-8400
<http://www.tempe.gov>

Committed to Equal Opportunity and Reasonable Accommodation



POLICE PROPERTY SUPERVISOR

OPENING DATE: September 5, 2006

CLOSING DATE: Open until the needs of the City are met. First review of applications will
September 20, 2006 – position may close at that time.

ANNUAL SALARY RANGE

\$46,326 - \$62,546

This position is a FLSA non-exempt and are eligible for overtime compensation and/or compensatory time.

MINIMUM QUALIFICATIONS

Equivalent to the completion of the twelfth grade, supplemented by training or college-level course work in criminal justice, evidence handling, inventory control, business or public administration, or a related field of study. An Associate of Arts (AA) degree from an accredited college or university is desirable. Three years of full-time experience in law enforcement, and/or in the handling of evidence in a police property facility and/or a related field. Previous supervisory experience is desirable. Formal training in property management including the use and understanding of automated inventory control systems and the handling, storage, and disposal in compliance with federal, state, and local agencies of biohazard material, fireworks, ammunition, firearms, and dangerous drugs is preferred.

If requesting veteran preference, the appropriate DD214 must be attached at the time of application.

ADDITIONAL REQUIREMENTS

- Possession of, or ability to obtain within six months of hire, an Arizona Department of Public Safety Terminal Operators Certificate, Level B.
- Possession of, or ability to obtain, an appropriate, valid Arizona driver's license.
- Possession of, or ability to obtain, an appropriate, valid Arizona forklift operator's certificate.
- **The attached Automatic and Discretionary Disqualifier Questionnaire form must be completed, signed, and returned with your application. Applications that do not have this document will be disqualified.**
- **Referred applicants not currently Police Department employees will receive a polygraph exam and a thorough background investigation.**

REPRESENTATIVE DUTIES

(For the complete job description go to: <http://www.tempe.gov/hrcc/docs>)

- Plan, organize and supervise the receipt, storage and release of impounded property; plan, prioritize, assign, supervise and evaluate the work of the police property facility staff.
- Evaluate and monitor police property operations and activities; recommend improvements and modifications; ensure compliance with applicable Federal, State and local laws and ordinances; review facility paperwork for accuracy and completeness.
- Participate in the selection of staff; provide or coordinate staff training; work with employees to correct deficiencies; implement disciplinary action.
- Recommend and assist in the implementation of goals and objectives; establish schedules and procedures and changes in policies and procedures for property warehouses activities; implement and ensure compliance with policies and procedures.
- Participate in budget preparation and administration; prepare cost estimates for budget recommendations; submit justification for budget items; monitor and control expenditures.

- Supervise and coordinate the receipt and storage of items of evidence including money, narcotics, biohazard materials, and other items of a sensitive nature collected by police officers; inventory and log all items; mark and store all evidence in an orderly manner for quick retrieval.
- Coordinate the maintenance of files and records regarding the disposition of property; ensure proper inventory, logging and disposition procedures are followed in accordance to established guidelines.
- Investigate the disposition of criminal cases in order to determine appropriate disposition of impounded property.
- Testify in court regarding the integrity of property storage, preservation and transportation.
- Receive, inventory and secure abandoned or found property; compare articles from serial numbers and descriptive features; attempt to locate owners of property and return property to owner.
- Use electronic and physical security methods and systems, bar-code inventory systems, Windows XP, Microsoft Word, Excel, and Outlook.
- Coordinate timely disposition of evidence via coordination with Police Department and City and County Courts; advise department personnel regarding the laws and policies of evidential property control; instruct and train new personnel assigned to the Police Department, and provide continuing education for department personnel.
- Act as a liaison to the patrol and investigative divisions to ensure communication flow between the primary users of the facility and the Property facility personnel.
- Oversee the destruction of narcotics and firearms following carefully prescribed procedures.
- Oversee the maintenance of the Property facility and the various equipment within.
- Answer citizen inquiries over the telephone and in person regarding property dispositions; investigate and respond to citizen complaints, and recommend corrective action to resolve complaints as necessary.
- Coordinate and supervise bicycle auctions.
- Direct the release of impounded property to citizens, sworn police personnel and other law enforcement agencies.
- Perform related duties as assigned.

SELECTION CRITERIA

Applicants whose experience and training most closely suit the needs of the City may be selected for further testing/interviews. Internal applicants' prior disciplinary history will be considered in any promotional decision. The City of Tempe conducts thorough background checks. **Falsifying information or lying during any state of the selection/hiring process will make your ineligible for new or continued City employment.**

RECRUITMENT CODE: 2155

LDT/pmm

**City of Tempe Police Department
Automatic and Discretionary Disqualifier Questionnaire**

**NOTE: FAILURE TO ANSWER ALL OF THE FOLLOWING QUESTIONS IN DETAIL MAY
DISQUALIFY YOUR APPLICATION**

AUTOMATIC DISQUALIFIERS

The City of Tempe Police Department will automatically disqualify any individual who can answer "Yes" to any of the following questions. ***Please read and answer the following automatic disqualifiers:***

- | | |
|----------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever been convicted of a felony or any offense that would be a felony if committed in Arizona? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever sold, produced, cultivated, or transported marijuana, narcotics or dangerous drugs? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you lied during any stage of the hiring process? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you falsified your questionnaire or application? |

If you answered "YES" to any of these questions please withdraw your application from consideration.

DISCRETIONARY DISQUALIFIERS

The following disqualifiers may, upon review by the Tempe Police Department, make you ineligible to become an employee of the City of Tempe Police Department. ***Please read and answer the following discretionary disqualifiers:***

- | | |
|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever abused prescription medication and/or FDA approved over-the-counter preparations? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever used any hallucinogenic drug including hallucinogenic mushrooms (except during religious ceremonies)? Hallucinogenic drugs also include LSD. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever used any type of illegal drugs or narcotics before the age of 18 years? <i>Examples of a dangerous drug or narcotic drug would be, but is not limited to: cocaine, crack, etc.; Methamphetamine (Crystal Meth or speed of any kind); Anabolic Steroids (after 1994), except prescription only or FDA approved over-the-counter preparations.</i> |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever used any type of illegal drugs or narcotics after the age of 18 years? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you engaged in unlawful sexual misconduct? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever had excessive traffic violations? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever been involved in the commission of a felony? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you received a discharge from the United States armed forces that was other than an honorable? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you demonstrated an unwillingness to honor fiscal contracts or just debts? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you engaged in any other conduct or pattern of conduct that would tend to disrupt, diminish, or otherwise jeopardize public trust in the profession? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Had your Arizona Driver's license suspended as a result of excessive traffic violations or any other act that would automatically suspend your driver's license or received a suspended driver's license from another state as a result of similar circumstances? |

If one or more of these disqualifiers pertains to you, be prepared to fully disclose the facts, circumstances, or details as part of a thorough background investigation and polygraph phase of the selection process.

I certify that I have read and understand the Automatic and Discretionary Disqualifiers associated with the City of Tempe's Police Department positions.

Applicant's signature

Date

ILLEGAL USE OF DRUGS / CONTROLLED SUBSTANCES – Please Complete All Sections

| Type of Drug | Have you ever tried? | How many times after age 18? | Date first used: | Date last used: | Have you ever sold, smuggled or transported for sale or personal gain? |
|-----------------------------------------|-------------------------------------------------------------|------------------------------|------------------|-----------------|------------------------------------------------------------------------|
| Marijuana | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Hashish | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Cocaine / Crack | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Methamphetamine / Speed | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Heroin | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Opium | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Morphine | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| LSD / Acid | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Peyote | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Mescaline | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Steroids | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Any other illegal drugs | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Illegal use of prescription medications | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If you answered “Yes” on any of the areas listed above, please provide a full explanation on the continuation section (bottom of page 4). Include, if applicable, the following information:

- | | |
|------------------------------------------|-----------------------------------------------|
| a) How the drug was ingested or consumed | b) The duration of usage |
| c) The motivation for using the drug | d) How the drug was obtained |
| e) Why you stopped using the drug | f) Any other factors you believe are relevant |

I hereby certify that this entire five page supplemental questionnaire was completed by me and all statements contained herein are true and complete to the best of my knowledge. I understand that omissions or misstatements may be cause for rejection of this application, removal of my name from the eligibility list, and/or discharge from City service. I understand that this information is subject to verification by any federal, state, and local agencies.

Applicant's Name (Print)

Applicant's Signature

Date



City of Tempe / Application for Employment

City of Tempe / Human Resources / 20 East Sixth Street / Tempe AZ 85281 / (480) 350-8276 / TDD (480) 350-8400 / <http://www.tempe.gov>

The City of Tempe is an Equal Opportunity / Reasonable Accommodation Employer.

The City of Tempe Promotes a Drug and Alcohol Free Workplace.

DIRECTIONS:

Read the recruitment bulletin before completing this application - request a copy if not provided. Answer all questions completely including any supplemental forms. Type or print neatly in black ink. Sign this application and all other forms. Any omission, misstatement, or falsification may be cause for rejection of this application, removal of your name from an eligibility list, or discharge from City Service.

1. Position Applying For: _____ Recruitment Code (RC#): _____
2. Name (Last, First, Middle Initial): _____
3. Social Security Number: _____
4. Mailing Address: _____
Street Address City State Zip
5. Phone Number: HOME: _____ WORK: _____
6. Driver's License (Number, State, Class): _____
7. Are you a U.S. Citizen or a non-U.S. Citizen authorized to work in the United States? Yes No
8. Have you ever worked for the City of Tempe? Yes No If Yes, from _____ (Mo/Yr) to _____ (Mo/Yr)
If you are a current City of Tempe employee, are you: Temporary? Regular?
Have you completed your initial six (6) month probationary period? Yes No
9. To assist us with verifying previous work experience and /or education, please list other names you have gone by:

10. Type of position you will accept: Full Time Part Time Regular Temporary
11. Are you claiming Civil Service Preference for Veteran's under ARS 38-492:
 - As a qualified or disabled veteran? Yes No If yes, you must submit Form DD214, or certification from the Veteran's Administration.
 - As a spouse of an eligible veteran pursuant to ARS 38-492(D)? Yes No If yes, you must submit Form DD214, or certification from the Veteran's Administration.
12. Are you related to any member of the Tempe City Council or any Tempe Commission/Board Member, or any City of Tempe employee? Yes No If Yes, indicate his/her **Name, Position, and Relationship to you:**

DO NOT WRITE BELOW THIS LINE - TURN PAGE AND CONTINUE

Q ☐ NQ ☐ A ☐ B ☐ C ☐ Application Entered ☐

HR Review ☐

Date

Department Review ☐

Date

Proof of Education and/or Professional Registration(s), License(s), and Certification(s) will be required prior to hire/promotion.

13. Do you have a High School Diploma or a G.E.D.? Yes No

14. Education from an **Accredited** College/University:

| College: | Major: | Type of Degree: | Degree Completed: | Credit Hours: |
|----------|--------|-----------------|-------------------|---------------|
| | | | Yes No | |
| | | | Yes No | |
| | | | Yes No | |
| | | | Yes No | |

15. Trade and/or Technical Schools:

| Trade/Technical School: | Subject Studied: | Type of Degree: | Degree Completed: | Credit Hours: |
|-------------------------|------------------|-----------------|-------------------|---------------|
| | | | Yes No | |
| | | | Yes No | |

16a. Professional Registration(s), License(s), and/or Certification(s) you possess ***that relate to this position:***

| Type of Professional Registration, License, and/or Certification: | License Number (if applicable): | Date Received: | Expiration Date (if applicable): |
|-------------------------------------------------------------------|---------------------------------|----------------|----------------------------------|
| | | | |
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16b. Special training ***that relates to this position:***

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17. List computer software program(s) with which you are proficient in operating ***that relate to this position:***

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18. List equipment with which you are proficient in operating ***that relate to this position:***

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| |
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19. Language Proficiency (Other than English):

| Language: | Speak: | Read: | Write: |
|-----------|-----------|-----------|-----------|
| | Yes No | Yes No | Yes No |
| | Yes No | Yes No | Yes No |
| | Yes No | Yes No | Yes No |

20. **May we contact your current employer if you are considered for hire/promotion?** Yes No

You may make copies and use as many of these sheets as necessary to continue your employment history.

Begin with your present or most recent position. List all jobs, paid or volunteer, for at least the past ten years. Your qualifications will be evaluated ***solely*** on the application form and, if applicable, any supplemental questionnaire(s).

RESUMES MAY **NOT** BE SUBSTITUTED FOR THE REQUESTED INFORMATION.

DO NOT WRITE "SEE RESUME" IN THE SPACES BELOW.

| | |
|-------------------------------------------|---------------------------------|
| Employer: | Type of Business: |
| Address: | Phone: |
| Job Title: | Number of Employees Supervised: |
| Supervisor (Name/Title/Phone): | |
| Employment Dates: from (Mo/Yr) to (Mo/Yr) | Total Time Employed: Yrs Mos |
| Hours Per Week: | Present/Ending Wage: \$ Per |
| Work Performed: | |
| Reason for Leaving: | |

| | |
|-------------------------------------------|---------------------------------|
| Employer: | Type of Business: |
| Address: | Phone: |
| Job Title: | Number of Employees Supervised: |
| Supervisor (Name/Title/Phone): | |
| Employment Dates: from (Mo/Yr) to (Mo/Yr) | Total Time Employed: Yrs Mos |
| Hours Per Week: | Ending Wage: \$ Per |
| Work Performed: | |
| Reason for Leaving: | |

| | |
|-------------------------------------------|---------------------------------|
| Employer: | Type of Business: |
| Address: | Phone: |
| Job Title: | Number of Employees Supervised: |
| Supervisor (Name/Title/Phone): | |
| Employment Dates: from (Mo/Yr) to (Mo/Yr) | Total Time Employed: Yrs Mos |
| Hours Per Week: | Ending Wage: \$ Per |
| Work Performed: | |
| Reason for Leaving: | |

You may make copies and use as many of these sheets as necessary to continue your employment history.

Begin with your present or most recent position. List all jobs, paid or volunteer, for at least the past ten years. Your qualifications will be evaluated **solely** on the application form and, if applicable, any supplemental questionnaire(s).

RESUMES MAY **NOT** BE SUBSTITUTED FOR THE REQUESTED INFORMATION.

DO NOT WRITE "SEE RESUME" IN THE SPACES BELOW.

| | | | |
|--------------------------------|---------------------------------|-----|---------|
| Employer: | Type of Business: | | |
| Address: | Phone: | | |
| Job Title: | Number of Employees Supervised: | | |
| Supervisor (Name/Title/Phone): | | | |
| Employment Dates: from | (Mo/Yr) | to | (Mo/Yr) |
| Total Time Employed: | | Yrs | Mos |
| Hours Per Week: | Present/Ending Wage: \$ Per | | |
| Work Performed: | | | |
| Reason for Leaving: | | | |

| | | | |
|--------------------------------|---------------------------------|-----|---------|
| Employer: | Type of Business: | | |
| Address: | Phone: | | |
| Job Title: | Number of Employees Supervised: | | |
| Supervisor (Name/Title/Phone): | | | |
| Employment Dates: from | (Mo/Yr) | to | (Mo/Yr) |
| Total Time Employed: | | Yrs | Mos |
| Hours Per Week: | Ending Wage: \$ Per | | |
| Work Performed: | | | |
| Reason for Leaving: | | | |

| | | | |
|--------------------------------|---------------------------------|-----|---------|
| Employer: | Type of Business: | | |
| Address: | Phone: | | |
| Job Title: | Number of Employees Supervised: | | |
| Supervisor (Name/Title/Phone): | | | |
| Employment Dates: from | (Mo/Yr) | to | (Mo/Yr) |
| Total Time Employed: | | Yrs | Mos |
| Hours Per Week: | Ending Wage: \$ Per | | |
| Work Performed: | | | |
| Reason for Leaving: | | | |

| | |
|-------------------------------------------|---------------------------------|
| Employer: | Type of Business: |
| Address: | Phone: |
| Job Title: | Number of Employees Supervised: |
| Supervisor (Name/Title/Phone): | |
| Employment Dates: from (Mo/Yr) to (Mo/Yr) | Total Time Employed: Yrs Mos |
| Hours Per Week: | Ending Wage: \$ Per |
| Work Performed: | |
| Reason for Leaving: | |

21. Have you ever been requested or forced to resign from a position for misconduct or unsatisfactory service?

Yes No If Yes, please explain:

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| |
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22. Have you ever been convicted of a **misdemeanor** or **felony** (other than minor/civil traffic offenses), placed on probation, fined or given a suspended sentence (include military trial convictions)?

Note: Reckless operation, hit-and-run, D.U.I., excessive speeding, and similar charges are NOT considered minor traffic offenses. Moreover, an excessive number of traffic violations (including minor/civil offenses) should be reported.

Yes No If Yes, provide charges, dates and locations:

| |
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| |
|--|

Convictions will not automatically bar an applicant from employment for City jobs. The relationship of the conviction to the job, as well as its severity, the passage of time, and subsequent job performance will all be considered.

PLEASE READ THIS STATEMENT AND CAREFULLY REVIEW YOUR ENTIRE APPLICATION MATERIAL .

I certify that all statements made on the application form and, if applicable, any supplemental questionnaire(s) are true and complete. I understand that any omission, misstatement, or falsification may be cause for rejection of this application, removal of my name from an eligibility list(s), and/or discharge from City Service. In addition, I authorize any individual, company, organization, or institution to release any and all information concerning statements made by me on this application, and I do hereby release all parties and individuals connected therewith from all liabilities for any damages whatsoever incurred in furnishing such information.

By checking this box and typing your name below, you certify that you have read and understand the above paragraph.

Print Applicant's Name: _____ Date_____

Applicant Signature_____ Date_____

The City of Tempe does not accept faxed copies of applications.



Voluntary Employment Data Record

Completing ethnicity, gender, age and disability information is **OPTIONAL**; it is used for statistical reporting purposes only. It is **NOT** disclosed to the hiring department.

Position Applied for: _____ RC#: _____

Name: _____ Date: _____
Last First

Gender: Female Male

Disabled: Yes No

Ethnic Group:

White

Black

Hispanic

Asian

American Indian

Other

Age Group:

16 and under

17 – 20

21 – 29

30 – 39

40 +

Highest grade completed: _____

How did you hear about this position: _____